



STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
COMMISSION ON FIRE FIGHTING

2161 Unionville-Deason Road
Bell Buckle, TENNESSEE 37020
931-294-4140
FAX 931-294-4135

Fire Fighter I Local Verification

Candidate's Name: _____ Acadis PSID #: _____

Local Verification Requirements Prior to Certification as Firefighter I

Tenn. Code Ann. § 4-24-112. Minimum Training Requirements.

The candidate has successfully completed;

- (1) (16) hours of initial training developed by the Tennessee Fire Service and Codes Enforcement Academy in firefighting procedures and techniques or completed equivalent training approved by the Tennessee Commission on Firefighting Personnel Standards and Education before being allowed to actively fight a fire; **and**
- (2) Basic and live firefighting course offered by the Tennessee Fire Service and Codes Enforcement Academy or an equivalent course approved by the Tennessee Commission on Firefighting Personnel Standards and Education.

(Typed or Legibly Printed)

I _____, as the department's training coordinator, have reviewed the applicant's file and affirm that the applicant identified above has met the requirements listed. All requirements have been successfully completed through a Fire Commission approved program. All information listed above can be validated by written and/or electronic records of the documents maintained by the department which are subject to audit by the Commission.

Candidate's Sponsoring Department

Department's Phone Number

Signature of Training Coordinator

Acadis PSID

Date

This form to be attached in Acadis to the applicant's profile

RDA 1781